REQUEST FOR PATENT FEE REFUND						
1 Date of Request: 2 Seri		al/Patent #/0/5/8252				
3 Please refund the following fee(s):		4 PAPI NUMI		5 DATE FILE	6 AMOUNT	
√ Filing					\$ 100	
Amendment					\$	
Extension of Time					\$	
Notice of Appeal/Appeal					\$	
Petition					\$	
Issue					\$	
Cert of Correction/Terminal Disc.					\$	
Maintenance					\$	
Assignment					\$	
Other					\$	
			7 TOTAL AMOUNT OF REFUND \$ /02			
		8 TO	BE R	REFUNDED	BY:	
10 REASON:		Treasury Check				
Overpayment			C	redit De	posit A/C #:	
Duplicate Payment		9 14-1270				
No Fee Due (Explanation):						
•						
11 REFUND REQUESTED BY:						
TYPED/PRINTED NAME: Jihn A		T	ITLE: Par	alegal Speculist		
TYPED/PRINTED NAME: John Anderson TITLE: Paralegal Sacrales of Signature: John Anderson PHONE: 308-9/40 x 211						
OFFICE: /CT DU/GO  ***********************************						
APPROVED:			DATE:			

Instructions for completion of this form appear on the back. After completion, attach white and yellow copies to the official file and mail or hand-carry to:

Office of Finance Refund Branch Crystal Park One, Room \$02B